



TENNESSEE DEPT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER ACCOUNTS OPERATIONS
EMPLOYER ACCOUNTING UNIT
500 JAMES ROBERTSON PARKWAY, 8TH FLOOR
NASHVILLE TN 37245-3530

CLAIM FOR ADJUSTMENT OR REFUND

(Do not write in this space)

Claim No. _____ Date Rec'd _____

Examined _____

Wage Records Corrected _____

Approved _____

Adj. Prepared by _____ Date _____

A claim for adjustment is hereby made in accordance with Section 50-7-404(F) of the Tennessee Employment Security Act because of premiums erroneously paid to the Tennessee Department of Labor and Workforce Development.

Name of Employer _____ State Account Number _____

Street Address _____ Federal I.D. Number _____

City and State _____ Quarter(s) and Year(s) _____

Date Premiums Paid _____ Amount claimed as refund _____

In the space below explain why the wages are being decreased.

List employees erroneously reported showing by quarter the amount of wages reported and the amount that should have been reported. If necessary add extra sheets this size.

Social Security Number	Name of Employee	Qtr.	Total Wages Reported	Correct Total Wages	Diff.	Taxable Wages Reported	Correct Taxable Wages	Diff.

It is understood that any adjustment allowed will be made in connection with subsequent premium payments, without interest, unless such an adjustment cannot be made, in which case a refund will be made, without interest. Under the penalties of perjury I declare that the statements made in support of this claim are true, correct and complete, to the best of my knowledge and belief.

Prepared by Agency Representative

Signature _____

LB-0459 (R. 10/03)

Signed by _____

Title _____

Date _____

RDA 2438